



STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
Olympia, WA 98504-5000

September 22, 2005

Dear Families and Other Interested Parties:

We are writing to families, tribal leaders, stakeholders, and advocates who have an interest in the Children's Mental Health Initiative (CMHI) to bring you up to date on the progress of the initiative. We also wanted to provide some contact information so you can share concerns and ideas with our staff as we progress. The initiative is in a period of transition. There have been changes at the Assistant Secretary and the program management levels. As you may know, Dave Hogan is no longer with the project, and Ed Hidano has been reassigned to other work for the Office of the Secretary. These changes do not mean resources or efforts are being withdrawn from CMHI. In fact, it is moving ahead and entering a critical pre-implementation phase.

CHILDREN'S MENTAL HEALTH INITIATIVE STRATEGIES

CMHI is a coordinated effort by the Department of Social and Health Services to address the needs of children who need mental health services from two or more administrations. For greater effectiveness and efficiency, we need to improve access to services that are needed by children, youth and their families. CMHI will begin with small targeted pilots in some rural and urban communities.

The Initiative has four strategies that are to be executed within our current budget and staffing resources. They are:

1. Introduce and expand evidence-based practices with children and families
2. Develop a shared program of high-intensity services for children and youth with the most complex needs
3. Create jointly-financed care management for high-intensity services
4. Collaborate with families and stakeholder to develop and sustain ongoing communications related to CMHI

Strategy #1

Our focus at this time is primarily Strategy #1 with an emphasis on contracting for Multi-Dimensional Treatment Foster Care (MTFC) and Functional Family Therapy (FFT).

The other three EBP therapies chosen for implementation, Trauma Focused Cognitive Behavioral Therapy (TF-CBT), Family Integrated Transitions (FIT), and Multi-Systemic Therapy (MST) are in the early development stages. Here is an update on the status of the different parts of Strategy #1:

Implementation Status of MTFC:

- Children's Administration has contracts with three providers: Lutheran Family Services in Spokane, Yakima Valley Farm Workers in Yakima, and Comprehensive Mental Health in Pierce County. Staff will be attending training in October 2005 with TFC Inc., the developer, to learn about the model. The first child placement will occur in November.
- Mental Health Division received funds for 10 to 18 beds. They are working through the contracting options and plan to have contracts in place in Spring 2006.
- Juvenile Rehabilitation Administration JRA continues to place children in Spokane through their contract with Lutheran Family Services.

Implementation Status of FFT:

- Children's will be purchasing unused JRA capacity in rural and urban areas sometime in the Fall of 2005.
- Children's Administration is currently assessing technical changes that will be needed to create support infrastructure. The current goal is to provide training April 2006, with the first child served with new capacity in May 2006.

Strategies # 2 and #3

Work related to Strategies #2 and #3 will be undertaken as needed during Strategy #1 implementation, or after Strategy #1 is underway. Major tasks concerning the integrated model will be discussed in the future.

Strategy #4

Under Strategy #4, DSHS is moving ahead with plans to train parents and to meet with families this winter in a forum to share concerns and ideas. Those plans include:

- Training for Parents and Youth: The statewide family organization Statewide Action for Family Empowerment of Washington (SAFE-WA) continues to hold training for parents on evidence-based practices.
- Assistant Secretaries and Families Meet: The next meeting with parents, youth and families will be held this coming winter.

Research and data issues are under development. CMHI plans on offering a Fall/Winter Forum for providers, clinicians, minority researchers, and other researchers to continue the discussion of evidence-based practices.

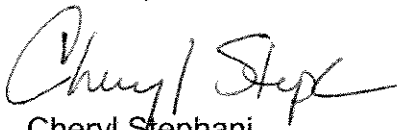
Finally, a word about the administrative and staff changes at DSHS. Initially, CMHI was a project managed by the three Assistant Secretaries for their respective administrations. As a practical matter at this point, DSHS saw the need to put more responsibility at the working staff level in the three administrations. So day-to-day management of the Initiative has been delegated to the appropriate directors: MaryAnne Lindeblad from the Mental Health Division, Ross Dawson from Children's Administration, and Pat Lashway from Juvenile Rehabilitation.

Under the three directors, Barb Putnam from Children's Administration (CA) is the lead staff for coordinating CMHI. She can be reached at (360) 902-7939.

Other contacts include Robin McIlvaine from the Mental Health Division of Health and Recovery Services Administration (HRSA) and Rebecca Kelly from Juvenile Rehabilitation Administration. Robin can be reached at (360) 902-0802 and Rebecca at (360) 902-7752. Gaye Jensen is assisting Barb with planning and coordinating functions; Gaye can be reached at (360) 902-7789.

Thank you for your support of the Children's Mental Health Initiative. Please feel free to call Barb, Rebecca, Robin or Gaye if you have other questions or ideas to share.

Sincerely,



Cheryl Stephani
Assistant Secretary
Children's Administration



Doug Porter
Assistant Secretary
Health and Recovery Services



Robin Cummings
Acting Assistant Secretary
Juvenile Rehabilitation

cc: Ross Dawson, Director
MaryAnne Lindeblad, Director
Pat Lashway, Director